



<input type="checkbox"/> 2002 North Carolina State Building Code		<input type="checkbox"/> 2002 North Carolina Rehab Code		FRONT PAGE
Tran #	Group #	DATE:		
Applicant				
Project Address			Suite #:	
Subdivision/Tenant			Lot #	
Property Owner				
Telephone () () Fax () () E-Mail				
Project Contact Person				
Telephone () () FAX () () E-Mail				
Proposed Work				
Will impervious surface change? Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes: Increase <input type="checkbox"/> Decrease <input type="checkbox"/> by: sq. ft.				
Owner/ Agent Signature				
BUILDING				
Other Permits Issued: Land Disturbing Permit #		Wake Co. Well Permit #		Wake Co. Septic Permit #
Contractor		NC License #/Class		
Address		City/State/Zip		
Telephone () () FAX () ()		City Privilege. Lic. # E-Mail		
TOTAL PROJECT SQ. FT.		TOTAL PROJECT COST \$		
Utilities : Water <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Sewer <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/>				
ELECTRICAL				
Contractor		NC License #/Class		
Address		City/State/Zip		
Telephone () () FAX () ()		City Privilege. Lic. # E-Mail		
Voltage <input type="checkbox"/> 50 or less <input type="checkbox"/> 600 or less <input type="checkbox"/> over 600 volts		ELECTRICAL COST \$		
PLUMBING				
Contractor		NC License #/Class		
Address		City/State/Zip		
Telephone () () FAX () ()		City Privilege. Lic. # E-Mail		
MECHANICAL				
HVAC Contractor		NC License #/Class		
Address		City/State/Zip		
Telephone () () FAX () ()		City Privilege. Lic. # E-Mail		
Type of Heating: Electrical Heat <input type="checkbox"/> Air Condition Size in Tons GAS Heating <input type="checkbox"/> Hot Water Heating <input type="checkbox"/> Oil Heating <input type="checkbox"/>				
Work Includes: Appliances <input type="checkbox"/> Appliance/Duct <input type="checkbox"/> Ventilation <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Refrigeration <input type="checkbox"/> Fuel Piping <input type="checkbox"/>				
REFRIGERATION Contractor		NC License #/Class		
Address		City/State/Zip		
Telephone () () FAX () ()		City Privilege. Lic. # E-Mail		
HOOD SUPPRESSION Contractor				
Address		City/State/Zip		
Telephone () () FAX () ()		City Privilege. Lic. # E-Mail		
FIRE				
SPRINKLER Contractor		NC License #/Class		
Address		City/State/Zip		
Telephone () () FAX () ()		City Privilege. Lic. # E-Mail		
Type of System: Fire Pump <input type="checkbox"/> Standpipe <input type="checkbox"/> Sprinklers <input type="checkbox"/> Alternate Suppression <input type="checkbox"/>				
FIRE ALARM Contractor		NC License #/Class		
Address		City/State/Zip		
Telephone () () FAX () ()		City Privilege. Lic. # E-Mail		



BACK PAGE

SIGN**Contractor**

Address		City/State/Zip	
Telephone () ()	FAX () ()	City Privilege. Lic. #	E-Mail
<input type="checkbox"/> Temp. Const. Sign	<input type="checkbox"/> Off Premise Sign	<input type="checkbox"/> Wall Sign	<input type="checkbox"/> Ground Sign
<input type="checkbox"/> Special Events Sign	<input type="checkbox"/> Tract Identification	<input type="checkbox"/> Other	<input type="checkbox"/> Awning Sign
<input type="checkbox"/> Projecting Sign			

Business Owner

Address		City/State/Zip	
Telephone () ()	FAX () ()	City Privilege. Lic. #	E-Mail

ZONING**Contractor**

Address		City/State/Zip	
Telephone () ()	FAX () ()	E-Mail	
Accessory Structure <input type="checkbox"/> Open Fence <input type="checkbox"/> Dish Antenna <input type="checkbox"/> Parking Lot <input type="checkbox"/> Site Plan <input type="checkbox"/> Landscaping <input type="checkbox"/> Swimming Pools <input type="checkbox"/> Other <input type="checkbox"/>			

LAND DISTURBING (GRADING)

Contractor		NC License #/Class	
Address		City/State/Zip	
Telephone () ()	FAX () ()	City Privilege. Lic. #	E-Mail
Construction Cost \$		Disturbed Area:	

FLOOD

Contractor		NC License #/Class	
Address		City/State/Zip	
Telephone () ()	FAX () ()	City Privilege. Lic. #	E-Mail

RIGHT-OF-WAY

Contractor		City/State/Zip	
Address		City/State/Zip	
Telephone () ()	FAX () ()	City Privilege. Lic. #	E-Mail
For Driveway ()		Number to be installed:	For Sidewalk ()
For Maintenance Purpose: ()		For Construction Purpose: ()	Total Linear Feet:
Certificate #:			

FACILITY FEE

Name of Payer		City/State/Zip	
Address		City/State/Zip	
Telephone () ()	FAX () ()	E-Mail	

UTILITY

<input type="checkbox"/> Residential	<input type="checkbox"/> Non-residential	You are:	<input type="checkbox"/> Owner	<input type="checkbox"/> Renter
Type of Service: <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Irrigation		Size of Meter		
Contact Person				
Tap will be installed by		Water Size	Sewer Size	
Telephone () ()	FAX () ()	City Privilege Lic #	E-Mail	

February 2004